Substitute for form 1449/PTO				Complete if Known		
l				Application Number	10/593,234-Conf. #7354	
11	NFORMATION	١DI	SCLOSURE	Filing Date	September 18, 2006	
8	STATEMENT I	BY A	APPLICANT	First Named Inventor	Yuzi ANDO	
1				Art Unit	3742	
	(Use as many sh	eets a:	s necessary)	Examiner Name	J. M. Pelham	
Sheet	1	of	1	Attorney Docket Number	2936-0284PUS1	

U.S. PATENT DOCUMENTS					
Examiner Initials*	Cite No.1	Document Number  Number-Kind Code <sup>2</sup> ( #known)	Publication Date MM-DD-YYYY	Name of Patentee or Applicant of Cited Document	Pages, Columns, Lines, Where Relevant Passages or Relevant Figures Appear

FOREIGN PATENT DOCUMENTS						
Examiner Initials*	Cite No.1	Foreign Patent Document  Country Code <sup>3</sup> -Number <sup>4</sup> -Kind Code <sup>5</sup> (if known)	Publication Date MM-DD-YYYY	Name of Patentee or Applicant of Cited Document	Pages, Columns, Lines, Where Relevant Passages Or Relevant Figures Appear	T°
	BA	CN-1436965-A	08-20-2003	.,,		Abs

Examiner	Date
Signature	0
ognature	Considered

\*EXAMINED: Initial if afterone considered, whether or not clistion is in conformance with MPEP 699. Draw line through citation if not in conformance and not considered includes copy of this form with next commentation to applicate. "Applicants under cuttion designation number (optional). "See Ristic Codes of USFO Patent Documents at a line of the commentation of t

NON PATENT LITERATURE DOCUMENTS					
Examiner Initials	Cite No.1	Include name of the author (in CAPITAL LETTERS), title of the article (when appropriate), title of the item (book, magazine, journal, serial, symposium, catalog, etc.), date, page(s), volume-issue number(s), publisher, city and/or country where published.	T		

Examiner	Date
Signature	Considered

\*EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.

<sup>&</sup>lt;sup>1</sup>Applicant's unique citation designation number (optional). <sup>2</sup>Applicant is to place a check mark here if English language Translation is attached.